



PTO/SB/81 (09-03)

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INDICATION FORM**

Application Number	10/800,155
Filing Date	03/13/2004
First Named Inventor	Wolfgang HAAS
Title	Continuously Variable Transmission
Art Unit	
Examiner Name	
Attorney Docket Number	0809 A US

I hereby appoint:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name	Alfred J. Mangels				
Address	4729 Cornell Road				
Address					
City	Cincinnati	State	Ohio	Zip	45241-2433
Country	U.S.A.				
Telephone	513-469-0470	Fax	513-489-6030		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Wolfgang HAAS		
Signature	<i>Wolfgang Haas</i>		
Date	06.04.2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Oswald FRIEDMANN		
Signature	<i>Oswald Friedmann</i>		
Date	5-4-04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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